

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	VIN		07-05-01
<b>O.I.P.E. CLASSIFIER</b>	ASU		7/3/01
<b>FORMALITY REVIEW</b>	KCE	JCS 1705	08/15/01
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7/1/02
2	✓	✓	7/1/02
3	✓	✓	7/1/02
4	✓	✓	7/1/02
5	✓	✓	7/1/02
6	✓	✓	7/1/02
7	✓	✓	7/1/02
8	✓	✓	7/1/02
9	✓	✓	7/1/02
10	✓	✓	7/1/02
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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